PTO/SB/06 (07-06)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/610,486 | | | ing Date 30/2003 | To be Mailed | |
|--|---|---|---|---|------------------|---|---|---|----|-----------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY | | | | HER THAN | |
| ⊢ | FOR | | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | FEE (\$) | OR | RATE (\$) | FEE (\$) | |
| | BASIC FEE | \neg | N/A | LED NO | N/A | | N/A | FEE (a) | ł | N/A | FEE (8) | |
| ⊢ | (37 CFR 1.16(a), (b), SEARCH FEF | or (c)) | | | | | H | | 1 | <u> </u> | - | |
| Ë | (37 CFR 1.16(k), (i), | | N/A | | N/A | | N/A | | | N/A | | |
| Ш | (37 CFR 1.16(a), (p), | | N/A | | N/A | | N/A | | 1 | N/A | | |
| | FAL CLAIMS CFR 1.16(i)) | | minus 20 = | | • | | x \$ = | | OR | x s = | | |
| | EPENDENT CLAIM CFR 1.16(h)) | s | minus 3 = * | | |] | x \$ = | |] | x \$ = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addit | If the specification and drawings exc sheets of paper, the application size is \$250 (\$125 for small entity) for ea- additional 50 sheets or fraction there 35 U.S.C. 41(a)(1)(G) and 37 CFR 1 | | | | | | | | | |
| | MULTIPLE DEPEN | 7 CFR 1.16(j)) | 1 | | |] | | | | | | |
| * If | * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | |] | TOTAL | | |
| APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | |
| AMENDMENT | 10/30/2007 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1 16(1)) | * 36 | Minus | ** 36 | = 0 | 1 | x \$ = | | OR | X \$50= | 0 | |
| | Independent (37 CFR 1.16(h)) | • 3 | Minus | ***3 | = 0 | 1 | x \$ = | | OR | X \$210= | 0 | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | |
| ` | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | | |
| | | | | | | • | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 | |
| | | (Column 1) | | (Column 2) | (Column 3) | _ | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1,16()) | | Minus | ** | | 1 | x \$ = | | OR | x \$ = | | |
| | Independent (37 CFR 1,16(h)) | | Minus | *** | | 1 | x \$ = | | OR | x \$ = | | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | |] | | |] | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j)) | | | | | 1 | | | OR | | | |
| | | | | | | | | | OR | TOTAL ADD'L FEE | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost life light by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CER 1.14. This collection in estimated is taking to 12 invalidate to complete a position form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, should be sent to the CERT information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.